◆AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED	<b>STATES</b>	<b>DISTRICT</b>	COURT
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District of

MASSACHUSETTS

ELIZABETH RUIZ, individually and as mother and natural guardian of ERIN ARTIS, a minor

100 907 25 P 12: F7

V.

SUMMONS IN A CIVIL ACTION

THE UNITED STATES OF AMERICA

CASE NUMBER:

04-12119 PBS

TO: (Name and address of Defendant)

THE UNTIED STATES OF AMERICA C/O John D. Ashcroft, Attorney General of the United States Department of Justice 950 Pennsylvania Avenue, N.W. Room 4545 Washington, D.C. 20530-0001

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Barry D. Lang, Esq. Barry D. Lang, M.D. & Associates One State Street Suite 1050 Boston, MA 02109

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

TONY ASSTAS

CLERK

(By) DEPUTY CLERK

004	2. Article Number 7002 C		Case	1: methods ma 01844	o Richard La Soina, MD	C) or on the Irolit it space permiss.  — Article Addressed to:	item 4 if Restricted Delivery is desired.  Description of the reverse and address on the reverse and address on the reverse and address of the mailpiece, attach this card to the back of the mailpiece,	SENDER: COMPLETE THIS SECTION  And 3. Also complete	ent 2	2	Form 3811, February 2004 Domestic	7002		00 washington DC 20530	Page 2 John D. Ashcroft  OS Atty Con  Alexandra	or on the front if space permits.  Carricle Addressed to:	<ul> <li>tem 4 if Restricted Delivery is confound.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece,</li> </ul>	■ Complete items 1, 2, and 3. Also complete	
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	tum Receipt Tx2595-02-M-154	2030 0002 2305 0839	☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes	Certified Mail  Registered	3. Service Type		B. Received by (Printed Name)  C. Date of Deliver.  10 -14  D. Is delivery address different from Item 17	A (SignAtuhe	CONDUCTE THIS SECTION ON DELIVERY		mun Hecelot	302 2305 07 <b>6</b> 1	4. Restricted Delivery? (Extra Fee) ☐ Yes		3 Service Type	If YES; enter delivery address below:	B. Received by (Printed Name)  C. Date of Celly's   Delty of Celly's	A. Signature  A. Signature  Address	COMPLETE THIS SECTION ON DELIVERY

PS Form 3811, February 2004

A Signature Printing Mail  arse  B. Received by (Printing Mail  A. Restricted Deliver  B. Received by (Printing Mail  A. Signature  A. Signature  A. Signature  B. Received by (Printing Mail  D. Is delivery address  If YES, enter delivery address  If YES, enter delivery address  A. Restricted Deliver  A. Restricted Deliver  B. Received by (Printing Mail  A. Restricted Deliver  A. Restricted Deliver  B. Restricted Deliver  B. Restricted Deliver  B. Restricted Deliver  A. Restricted Deliver	SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete	complete item 3 1, 2, and 3 item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.	Article Addressed to:	Vivginia Fightgerald, mo	So Boston MA 02122		Article Number 7002 2	2004	SENDER: COMPLETE THIS SECTION	Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the malipiece, or on the front if space permits.	Neil Beneck, MD	Level WW unsold of	<b>.</b>	Article Number 7002 5
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